JU.S.

## UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))

|                        |                                       | :    |
|------------------------|---------------------------------------|------|
| Attorney Docket No.    | 35.G2768                              | ф.   |
| First Name             | ed Inventor or Application Identifier | S.   |
| Koji Noguchi           |                                       | 28°C |
| Express Mail Label No. |                                       | 090  |
|                        | Commissioner for Patents              | T S  |

| €                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |                                                                                | Express wan t         | Label IVO.                                   |                                                                                 |                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------|----------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------|--|
| See MPEP                                                                                                                                                                                                                                                                                                                    | APPLICATION ELEMEI<br>chapter 600 concerning utility patent ap                                                    |                                                                                | ADDR                  | ESS TO:                                      | Box Patent                                                                      | oner for Patents Application n, DC 20231 |  |
| 1 1.1 1                                                                                                                                                                                                                                                                                                                     | Fee Transmittal Form<br>Submit an original, and a duplicate for fee p                                             | rocessing)                                                                     | 7.                    | CD-ROM or CD<br>Program (Apper               | -R in duplicate,                                                                | large table or Computer                  |  |
| 1 / 1                                                                                                                                                                                                                                                                                                                       | Applicant claims small entity status.<br>See 37 CFR 1.27.                                                         |                                                                                |                       |                                              | Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) |                                          |  |
| 3. X S                                                                                                                                                                                                                                                                                                                      | Specification Total Pa                                                                                            | ges 26                                                                         |                       | a. Com                                       | puter Readable                                                                  | Form (CRF)                               |  |
| 4. X C                                                                                                                                                                                                                                                                                                                      | Drawing(s) (35 USC 113) Total Sh                                                                                  | eets 7                                                                         |                       | b. Specification i. CD-                      | ·                                                                               | _                                        |  |
| 5 C                                                                                                                                                                                                                                                                                                                         | Dath or Declaration Total Pa                                                                                      | i CD-ROM or CD-R (2 copies); or laration                                       |                       |                                              |                                                                                 |                                          |  |
| a<br>#:                                                                                                                                                                                                                                                                                                                     | a. Newly executed (original or co                                                                                 | py)                                                                            | <b></b>               |                                              |                                                                                 | identity of above copies                 |  |
| ‡<br>E b                                                                                                                                                                                                                                                                                                                    |                                                                                                                   |                                                                                | 9.                    | ACCOMPAN<br>Assignment Pape                  |                                                                                 | ATION PARTS                              |  |
|                                                                                                                                                                                                                                                                                                                             | i. <u>DELETION OF IN</u>                                                                                          | (for continuation/divisional with Box 17 completed) i. DELETION OF INVENTOR(S) |                       |                                              | Statement<br>on assignee)                                                       | Power of Attorney                        |  |
|                                                                                                                                                                                                                                                                                                                             | Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). |                                                                                |                       | English Translation Document (if applicable) |                                                                                 |                                          |  |
| 6. X A                                                                                                                                                                                                                                                                                                                      |                                                                                                                   |                                                                                |                       | Information Disc<br>Statement (IDS)          |                                                                                 | Copies of IDS<br>Citations               |  |
|                                                                                                                                                                                                                                                                                                                             | 13. <u>X</u>                                                                                                      |                                                                                |                       | Preliminary Ame                              |                                                                                 |                                          |  |
|                                                                                                                                                                                                                                                                                                                             | 14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)                                        |                                                                                |                       |                                              |                                                                                 |                                          |  |
|                                                                                                                                                                                                                                                                                                                             |                                                                                                                   |                                                                                |                       | Certified Copy of<br>(if foreign priority    |                                                                                 | nent(s)                                  |  |
| 16 C                                                                                                                                                                                                                                                                                                                        |                                                                                                                   |                                                                                | Other:                |                                              |                                                                                 |                                          |  |
|                                                                                                                                                                                                                                                                                                                             |                                                                                                                   |                                                                                |                       |                                              |                                                                                 |                                          |  |
| 17. If a CO                                                                                                                                                                                                                                                                                                                 | ONTINUING APPLICATION, check app                                                                                  | ropriate box and sup                                                           | pply the requisite in | formation:                                   |                                                                                 |                                          |  |
| Prior applica                                                                                                                                                                                                                                                                                                               | Continuation  Divisional  Continuation-in-part (CIP)  Prior application information:  Examiner  Group/Art Unit:   |                                                                                |                       |                                              |                                                                                 |                                          |  |
| For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only |                                                                                                                   |                                                                                |                       |                                              |                                                                                 |                                          |  |
| be relied upon when a portion has been inadvertently omitted from the submitted application parts.  18. CORRESPONDENCE ADDRESS                                                                                                                                                                                              |                                                                                                                   |                                                                                |                       |                                              |                                                                                 |                                          |  |
| X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below                                                                                                                                                                                                     |                                                                                                                   |                                                                                |                       |                                              |                                                                                 |                                          |  |
| NAME                                                                                                                                                                                                                                                                                                                        |                                                                                                                   |                                                                                |                       |                                              |                                                                                 |                                          |  |
| Address                                                                                                                                                                                                                                                                                                                     |                                                                                                                   |                                                                                |                       |                                              |                                                                                 |                                          |  |
| City                                                                                                                                                                                                                                                                                                                        |                                                                                                                   | State                                                                          |                       |                                              | p Code                                                                          |                                          |  |
| Country                                                                                                                                                                                                                                                                                                                     |                                                                                                                   | Telephone                                                                      |                       | Į Fa                                         | ax                                                                              |                                          |  |

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| CLAIMS | S (1) F                                                                                                                   | OR                                                                                                                                                                                                                                                                                                                                 | (2) NUMBER FILED             | (3) NUMBER EXTRA          | (4) RATE             | (5) CALCULATION |
|--------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------|----------------------|-----------------|
|        | TOTAL CLAI                                                                                                                | MS                                                                                                                                                                                                                                                                                                                                 | 37 - 20 =                    | 17                        | X \$ 18.00 =         | \$306.00        |
|        | INDEPENDE<br>CLAIMS (37 C                                                                                                 | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                              | 2 - 3 =                      | 0                         | X \$ 80.00 =         | \$0.00          |
|        | MULTIPLE C                                                                                                                | EPENDENT                                                                                                                                                                                                                                                                                                                           | CLAIMS (if applicable) (37 ( | CFR 1.16(d))              | \$270.00 =           | \$270.00        |
| 1      |                                                                                                                           | BASIC FEE (37 CFR 1.16(a))                                                                                                                                                                                                                                                                                                         |                              |                           |                      |                 |
|        |                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                              | Total of                  | above Calculations = | \$1286.00       |
|        | F                                                                                                                         | Reduction by                                                                                                                                                                                                                                                                                                                       | 50% for filing by small en   | tity (Note 37 CFR 1.9, 1. | 27, 1.28).           |                 |
|        |                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                              |                           | TOTAL =              | \$1286.00       |
|        |                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                              |                           |                      |                 |
| 20. [  | X A check                                                                                                                 | A small entity statement is enclosed  A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.  Is no longer claimed.  A check in the amount of \$ 1286.00 to cover the filing fee is enclosed.  A check in the amount of \$ to cover the recordal fee is enclosed. |                              |                           |                      |                 |
| 22. T  | The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205: |                                                                                                                                                                                                                                                                                                                                    |                              |                           |                      |                 |
| а      | . <u>X</u>                                                                                                                | Fees requir                                                                                                                                                                                                                                                                                                                        | ed under 37 CFR 1.16.        |                           |                      |                 |
| b      | . <u>X</u>                                                                                                                | Fees requir                                                                                                                                                                                                                                                                                                                        | ed under 37 CFR 1.17.        |                           |                      |                 |
| С      |                                                                                                                           | Fees requir                                                                                                                                                                                                                                                                                                                        | ed under 37 CFR 1.18.        |                           |                      |                 |
|        |                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                              |                           |                      |                 |
|        |                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    | TURE OF APPLICANT,           |                           |                      |                 |

| :         | SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED |
|-----------|-----------------------------------------------------|
| NAME      | Lawrence S. Perry Registration No. 31,865           |
| SIGNATURE | Carence                                             |
| DATE      | April 5, 2001                                       |